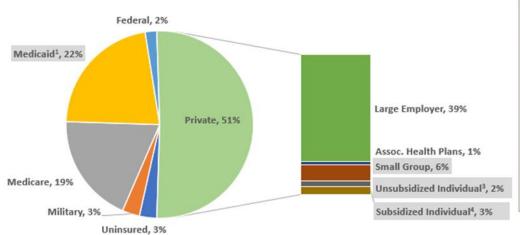


HEALTH INSURANCE IN VERMONT*



- 1- Enrollment administered by DVHA, benefits managed by DVHA
- 2- Certified by DVHA, enrollment and benefits administered by insurance company partners
- 3- Certified by DVHA, enrollment administered by DVHA or by insurance companies, benefits managed by insurance companies
- 4- Certified by DVHA, enrollment administered by DVHA, benefits managed by insurance companies

One out of three Vermonters are covered by a health insurance plan that is administered and/or certified by the Department of Vermont Health Access (DVHA).

Note: Estimates based on 2018 Vermont Household Health Insurance Survey and DVHA data.

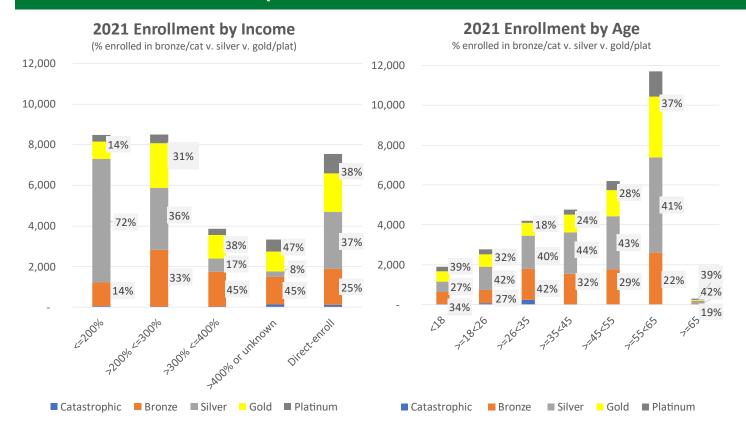
2021 BENEFIT MAP: QUALIFIED HEALTH PLANS (INDIVIDUALS AND SMALL GROUPS) AND MEDICAID

Total Medicaid: 183,553 ¹				Total Commercial: 71,211			
Medicaid Health Insurance			Other Medicaid Benefits	Health Insurance Marketplace Qualified Health Plans (QHP) ²		Direct from Insurance Companies ³ QHP & Reflective	
Total: 168,983			Total: 14,570	Total: 24,124		Total: 47,087	
Medicaid for the Aged, Blind & Disabled4: 25,786			Pharmacy	Total w/ Subsidy ⁴ : 19,72 8		Small Businesses: 40,491	
Aged, Blind & Disabled Adults: 6,241	Duals (Medicare & Medicaid): 17,921	Blind, Disabled Children: 1,624	Assistance (Only): 9,980	State & Federal Subsidy: 14,646	Federal Only Subsidy: 5,082	QHP: 30,058	Reflective: 10,433
Medicaid for Children and Adults ⁴ : 143,197			Choices for Care:	No Subsidy⁵:		Individuals: 6,596	
Adults: 77,671	C	Children: 65,526	4,590	4,396		QHP: 4,153	Reflective: 2,443



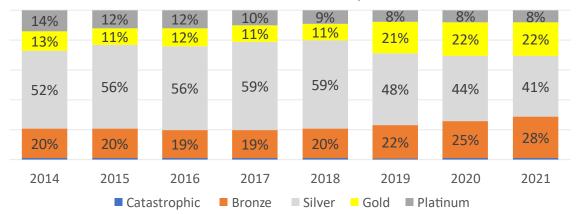
- ¹ Medicaid enrollment = state fiscal year-to-date actual caseload from Medicaid Program Enrollment and Expenditures Quarterly Report.
- ² Health Insurance Marketplace (Vermont Health Connect) = March effectuated members from DVHA enrollment reports.
- ³ Direct from Insurance Companies = March effectuated members as reported by insurance companies to DVHA.
- ⁴ DVHA uses the tax-based measure of income, Modified Adjusted Gross Income (MAGI), to determine eligibility for Medicaid for Children and Adults and financial help for qualified health plans in accordance with the Affordable Care Act. Medicaid for the Aged, Blind, and Disabled, Pharmacy Assistance, and Choices for Care use eligibility standards (Non-MAGI) that existed prior to the Affordable Care Act.
- ⁵ No Subsidy = includes members who did not qualify for a subsidy but chose to enroll through the marketplace anyway, and members who did not apply for a subsidy.

A CLOSER LOOK: INDIVIDUALS IN QUALIFIED HEALTH PLANS



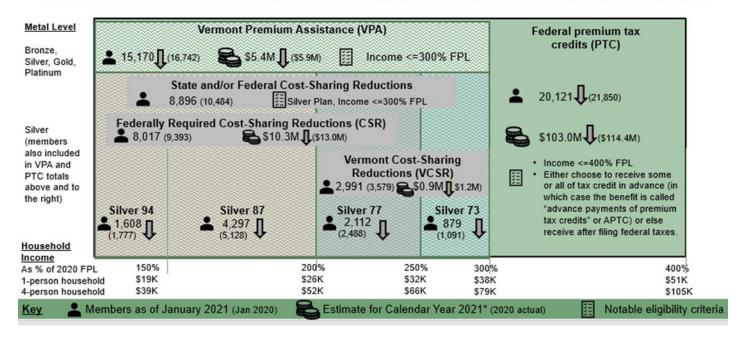






A CLOSER LOOK: INDIVIDUALS IN QUALIFIED HEALTH PLANS WITH SUBSIDIES

As of January 2021, nearly two-thirds of Vermonters in the individual market received federal premium tax credits to lower their monthly insurance costs. Many also received financial help to further reduce premium and out-of-pocket costs from the State and/or through federally required benefits. To qualify, they can't have another offer of affordable insurance, must enroll in a metal level plan, and must meet income guidelines.



^{*}Estimates of total 2021 subsidies are based on pre-American Rescue Plan trends and likely underestimate the amount of subsides that will be received by customers under the new eligibility rules and anticipated increased enrollment.